

Name
in
Full

Bulla R Coner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	12	7	—	—
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House work			Where Residing if not at place of death	
Married, Single or Widowed	Single			Name of Wife or Husband	
Father's Name	Jonas Coner			Father's Birthplace	Pa
Mother's Maiden Name	Maud Buttler			Mother's Birthplace	Md
Name of person giving information	Jonas Coner			How related to deceased	Father

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long
Immediate	asphyxiation		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
Accident or Suicide?	A.P. Meyers M.D. Markleysburg Pa		

Blooming Rose

<u>Elleanor Coningham</u>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	<u>Female</u>	Color of Race	<u>white</u>		Birth-place	<u>md</u>	
Occupation	<u>House wife</u>		Where Residing if not at place of death				
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>William Coningham</u>				
Father's Name	<u>James H Boyer</u>		Father's Birthplace	<u>South Carroll</u>			
Mother's Maiden Name	<u>Mary Oliver</u>		Mother's Birthplace	<u>South Carroll</u>			
Name of person giving Information	<u>Mrs Geo. Roldon</u>		How related to deceased	<u>daughter</u>			

CAUSES OF DEATH

104

Hypnotic

Primary

Suicide

Immediate

Acute Indigestion

1 day

Are the name, age, sex, color, date and place correctly given above?

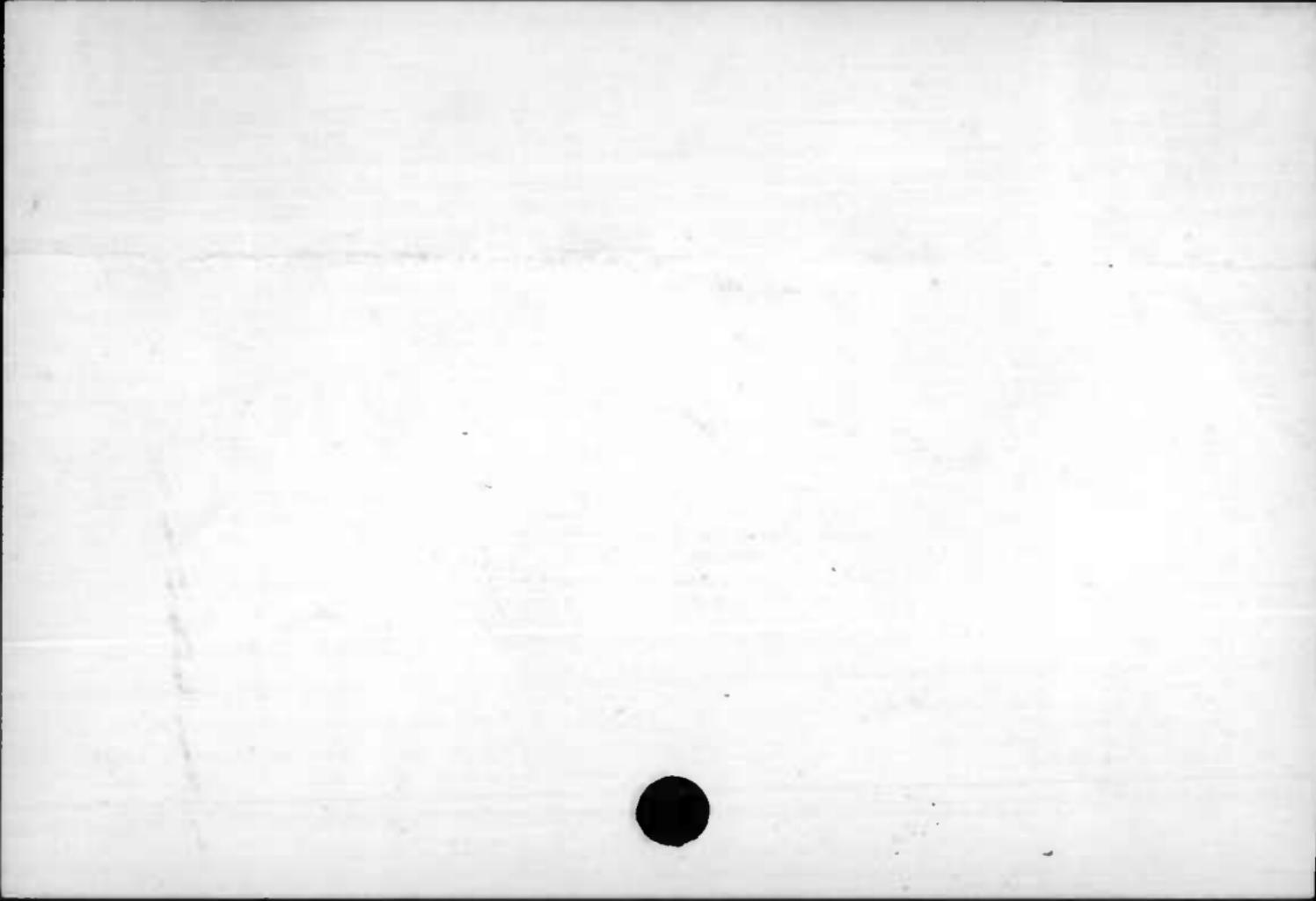
Signature of Physician

A.R. Boyer M.D.

Address

Accident
md

Accident or Suicide?



Name
in
Full

Miss Lydia A. Deere

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ossineck</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>1</u>	Age <u>80</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Chambersburg Pa</u>			
Occupation <u>nothing</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary

Dysentery

How long

Immediate

Dysentery

How long

Are the name, age, sex, color, date and place correctly given above?

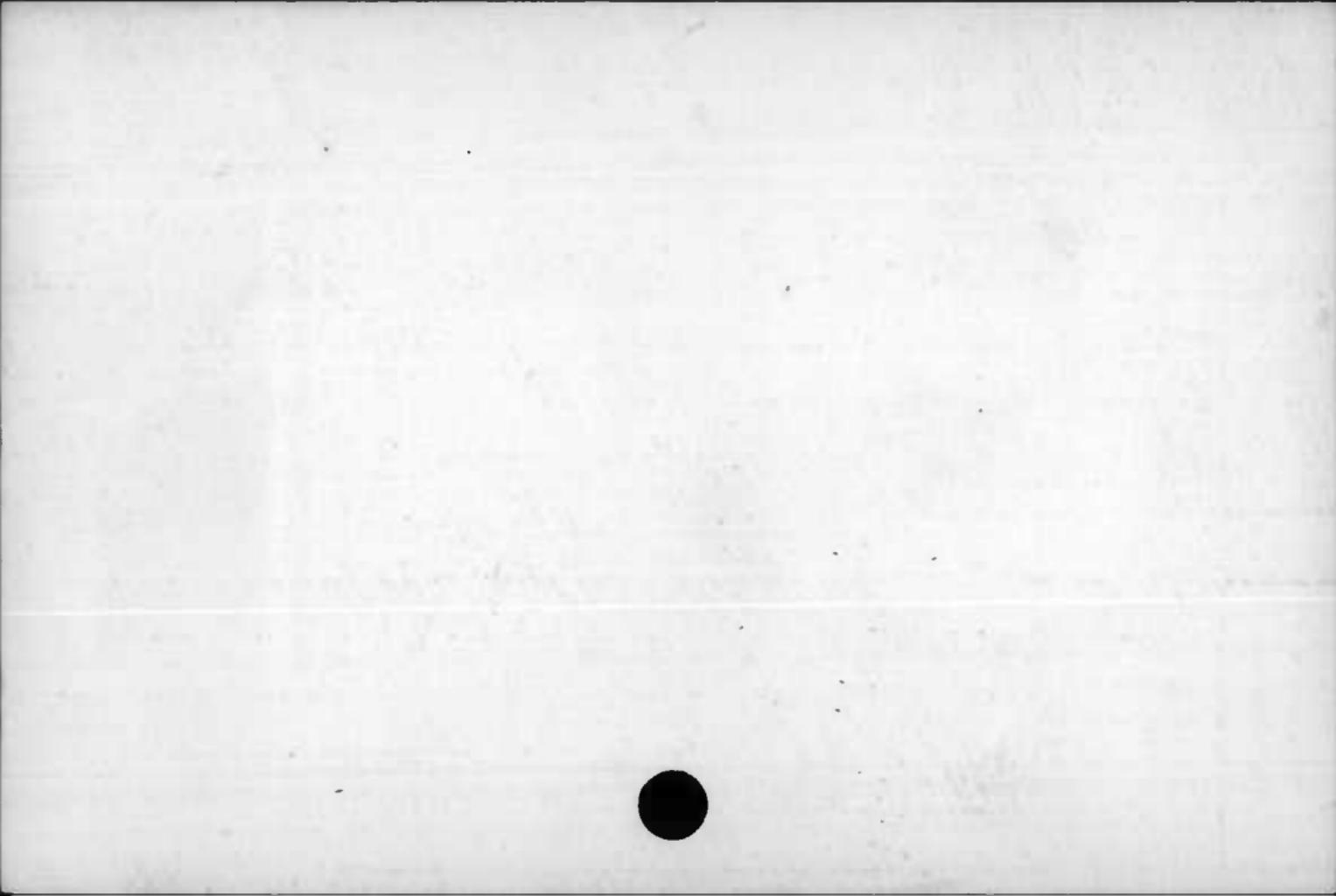
Signature of Physician

M. C. Deere Deere

Address

Ossineck
MD

Accident or Suicide?



Name
in
Full

Eva Dodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>accident</u>		Town	County <u>Garrison</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>13</u>	Age <u>71</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>W.M.A.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Cedars of Dodge</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Josephine Dodge</u>			Father's Birthplace <u>South Bend</u>	Son	
Father's Name <u>Joseph Smith</u>				Mother's Birthplace <u>South Bend</u>	Son	
Mother's Maiden Name <u>South Bend</u>				Name of person giving information <u>Josephine Dodge</u>	How related to deceased <u>Son</u>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Sensibility

How long

6 mos.

Immediate

Sensibility

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

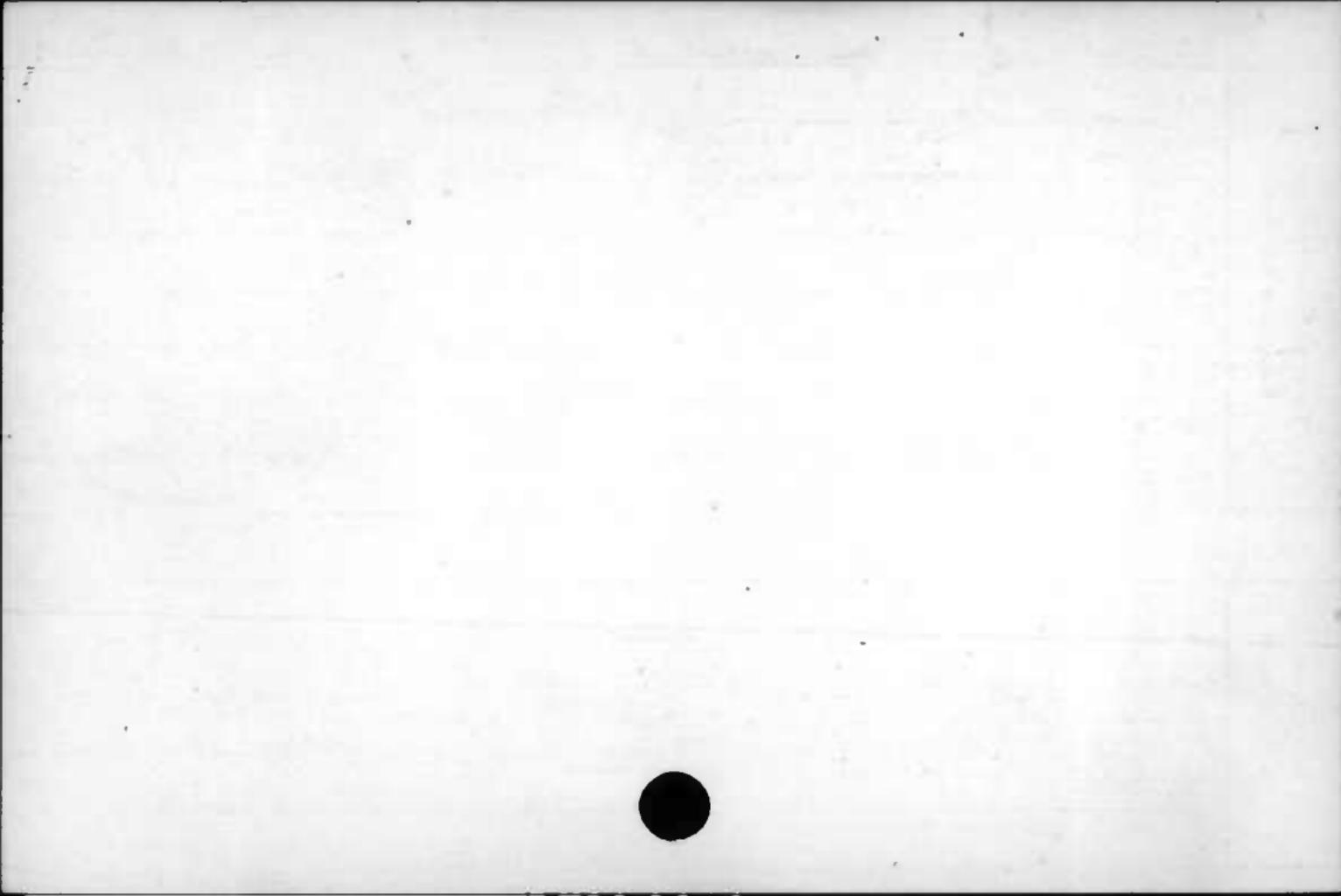
Address

H.R. Boyer M.D.

accident

md.

Accident or Suicide?



Name
in
Full

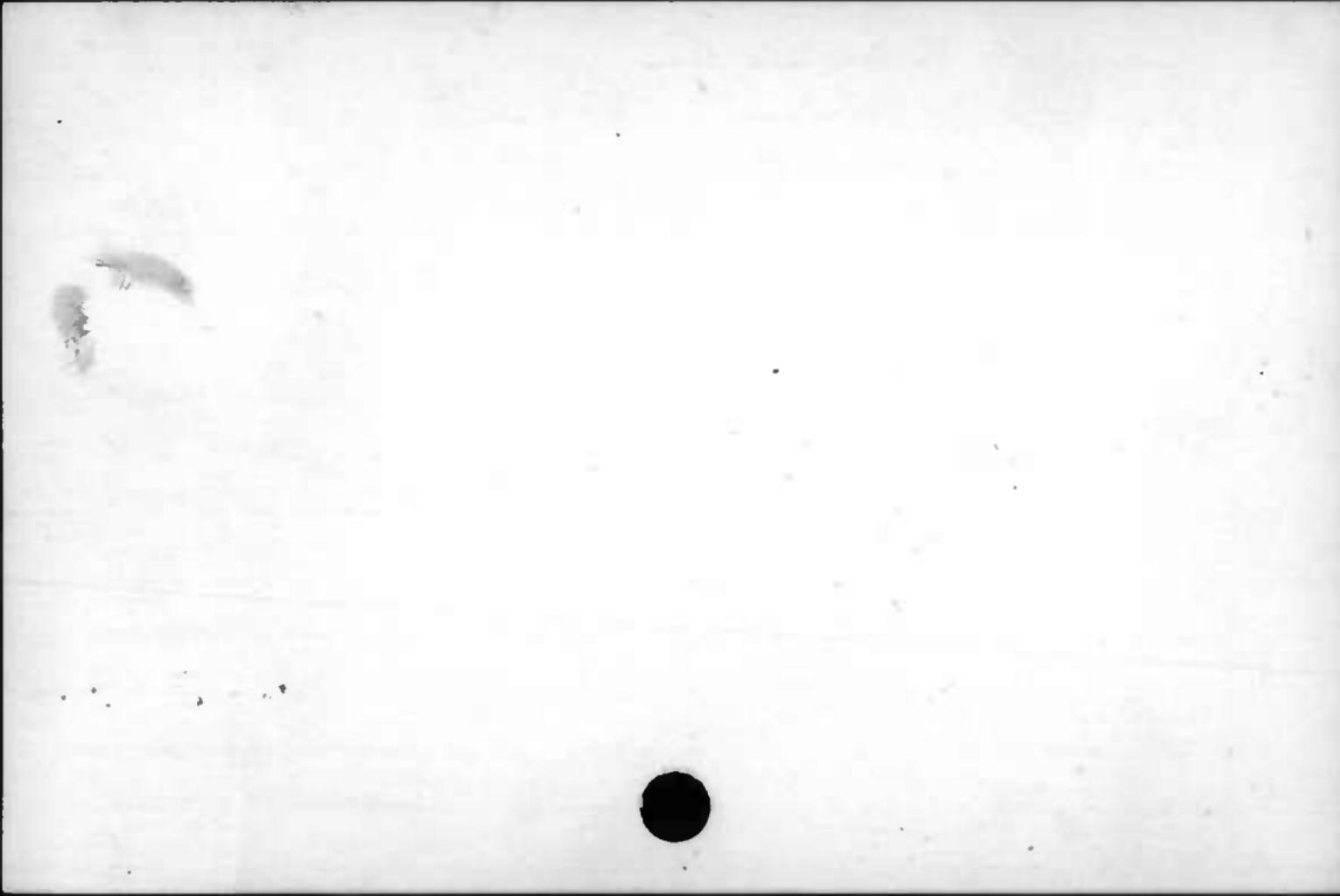
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Dursoys</u>		Town <u>Dursoy</u>	County <u>Garrett</u>				
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>4</u>	Age <u>Boys</u>	Years <u>dead.</u>	Months <u>dead.</u>	Days <u>0</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Jenner</u>					
Occupation <u>house</u>	Where Residing if not at place of death <u>"</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Dursoy</u>						
Father's Name <u>Clarence Dursoy</u>	Father's Birthplace <u>Springfield</u>						
Mother's Maiden Name <u>Fola Patrick</u>	Mother's Birthplace <u>Bethlehem</u>						
Name of person giving information <u>Harry Custer</u>	How related to deceased <u>son</u>						
CAUSES OF DEATH							
Primary <u>Child Born Dead</u>	S How long <u>—</u>						
Immediate <u>was dead when first examined mother.</u>	How long <u>—</u>						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. T. Robinson</u>						
	Address <u>Grantsville Md.</u>						
Accident or Suicide? <u>Q</u>							



Name
in
Full

Asa Durst

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	New Jersey		
Married, Single or Widowed	Occupation	Single			Farmer
Name of Wife or Husband	Single			<i>Asa Durst</i>	
Father's Name				Father's Birthplace	<i>New Jersey</i>
Mother's Maiden Name	<i>Elizabeth Engle</i>			Mother's Birthplace	<i>New Jersey</i>
Name of person giving Information	<i>Clarence Miller</i>			How related	<i>Friend</i>

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary

Inflammatory Pharyngitis

How long

2 Months

Immediate

Postural Toxicity

How long

3 weeks

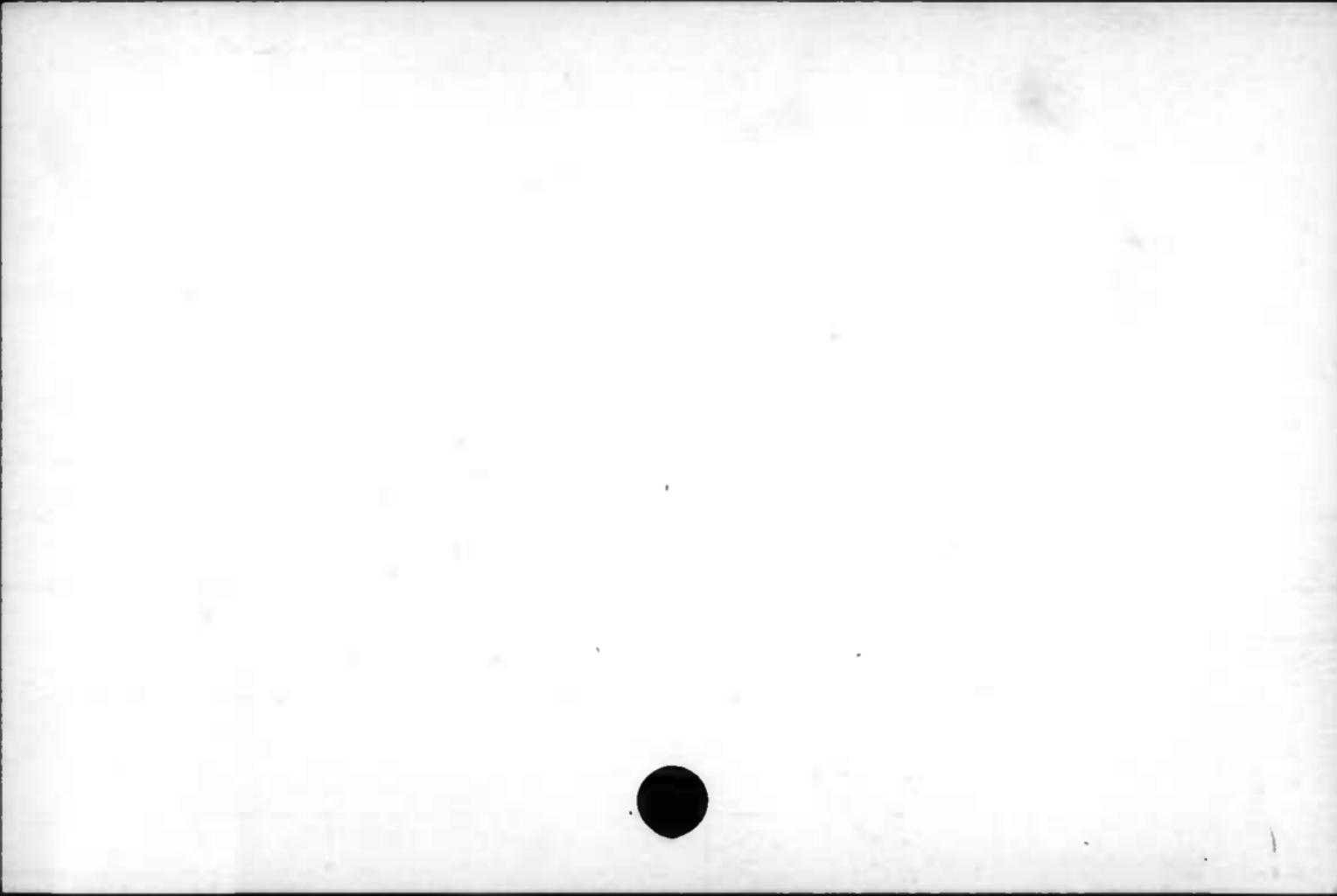
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

H. J. Robinson
Granville
N.J.

Accident or Suicide?



Name
in
Full

Sarah A Friend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	2	61	4	21
Sex	Color or Race	Where Residing if not at place of death			
Female	White	Maryland			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Married	R. E. Friend				
Father's Name	Pannie Twigg	Father's Birthplace	Md		
Mother's Maiden Name	Mary (don't know)	Mother's Birthplace	Md		
Name of person giving information	R. E. Friend	How related to deceased	Husband		

CAUSES OF DEATH

127

How long

6 mo

How long

6 weeks

PHYSICIAN
OR CORONER

Primary

Ulceration of Uterus

Immediate

Nervous Prostration

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Mason MD.

Address

Friendsville.
Md.

Accident or Suicide?

Hoyes cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at McHenry		Town	County Gorham		MARYLAND	
Date of death 1907	Month Sept	Day 3	Years 63	Age 63	Months 10	Days 17
Sex male	Color or Race white	Where Residing if not at place of death		Birth-place accident mud		
Occupation Laborer						
Married, Single or Widowed Married	Name of Wife or Husband Barbara Edwars					
Father's Name Nox	Edwars			Father's Birthplace Not Known		
Mother's Maiden Name Not Known	Not Known			Mother's Birthplace Not Known		
Name of person giving information James Kuer			How related to deceased Son			

CAUSES OF DEATH

120

How long

2 years

How long

6 mo.

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

Immediate

Nephritis with effusion

Are the name, age, sex, color, date and place correctly given above?

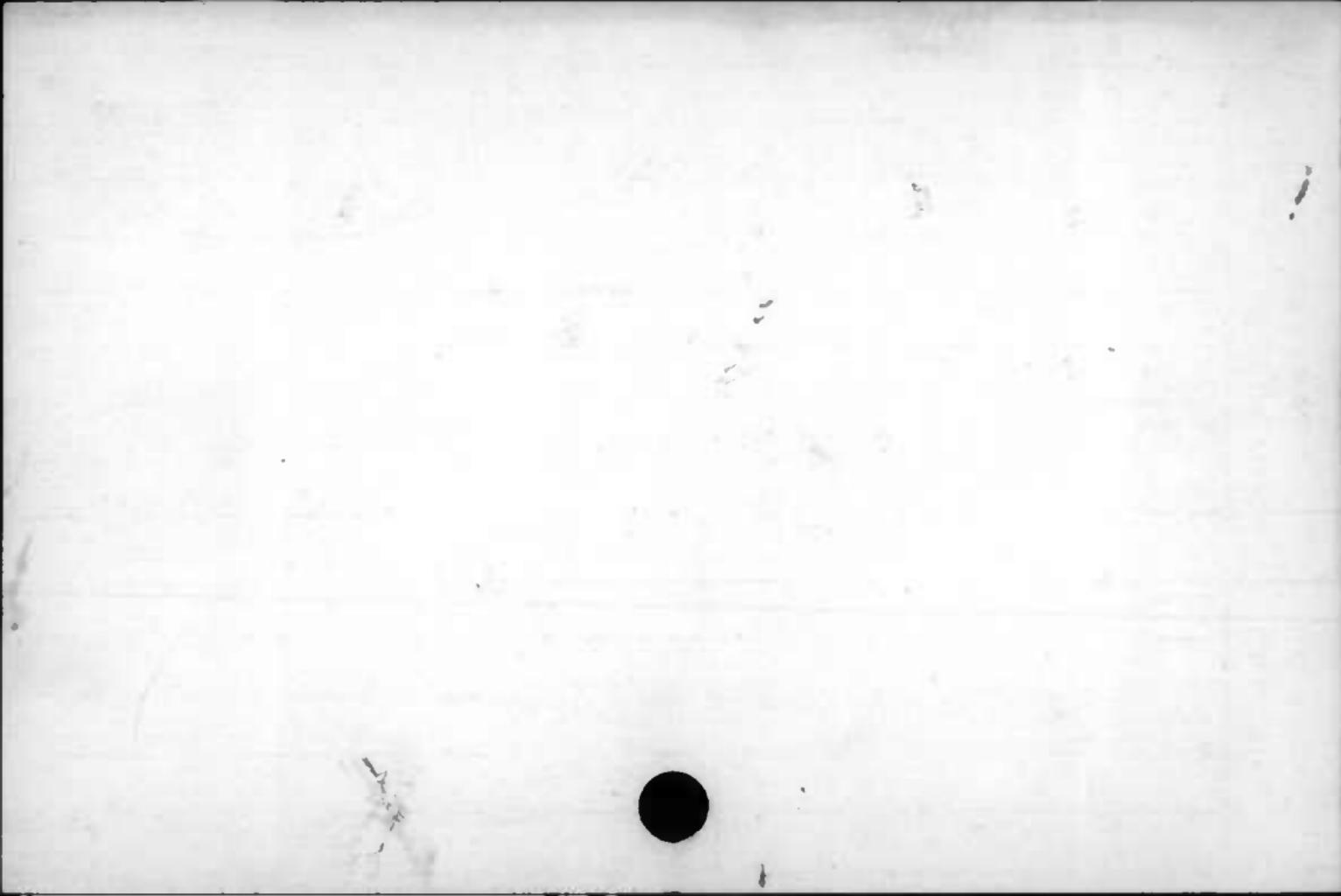
Signature of Physician

Address

D R. Beyer, M.D.

Accident mud

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Paul James McMillan

CERTIFICATE OF DEATH

Died at <u>Baltimore</u> <u>11</u>		Town <u>Town</u> County <u>Garrett</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept-</u>	Day <u>11</u>	Years <u>—</u>	Months <u>—</u>	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore - Garrett Co.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Sinacoking</u>			
Father's Name <u>Hugh McMillan</u>	Mother's Birthplace <u>Sinacoking</u>				
Mother's Maiden Name <u>Maria S. Clark</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>Hugh McMillan</u>					

CAUSES OF DEATH

Primary	<u>Marcasmus</u>	<u>105</u>	How long	<u>8 week</u>
Immediate	<u>Enter- Colitis Iuancition</u>		How long	<u>3 week</u>

Are the name, age, sex, color, date and place correctly given above?

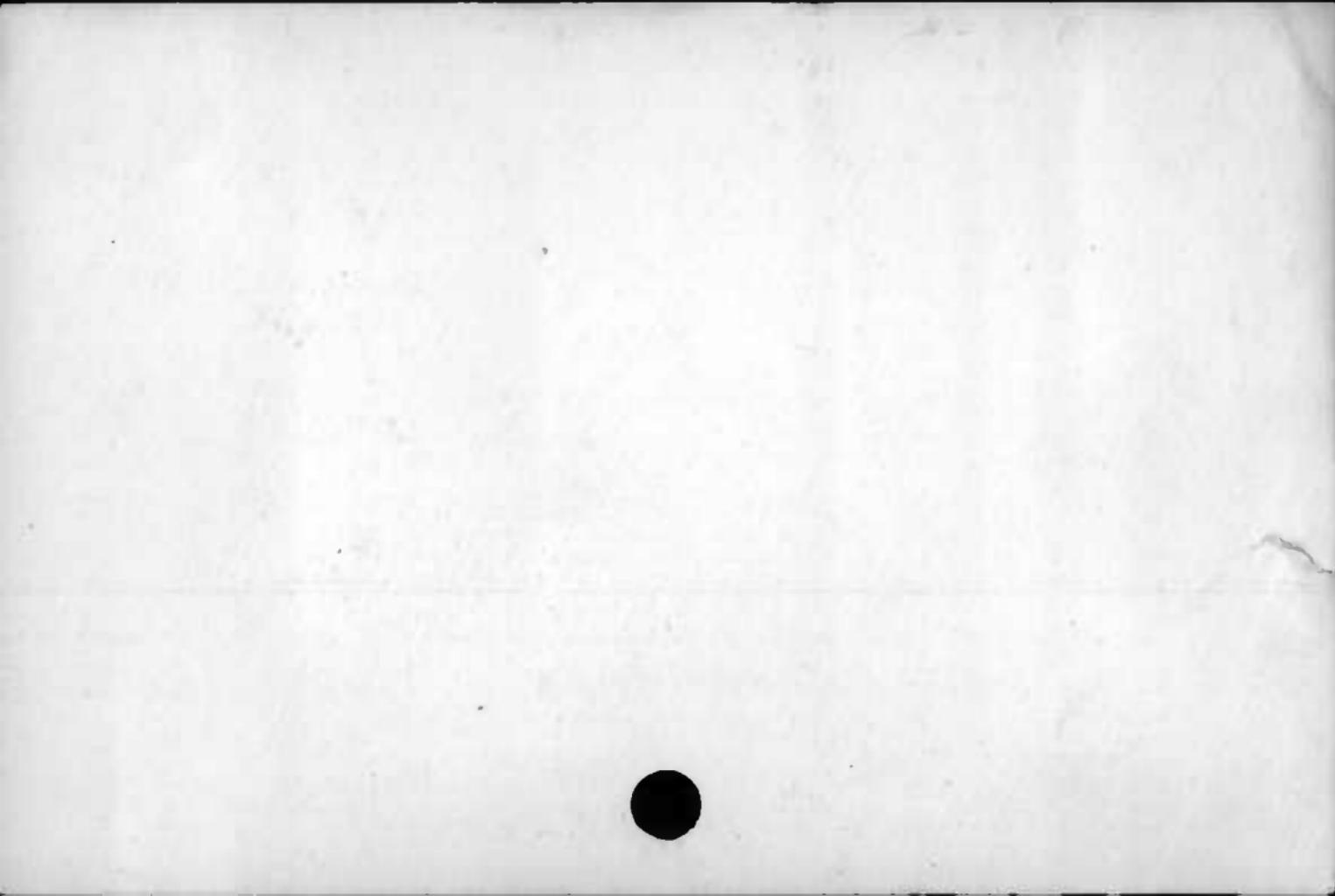
yes

Signature of Physician

James O. Bullock
James O. Bullock
Sinacoking Maryland

Accident or Suicide?

no



Name
in
Full

Levis Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	31	5-	19
Married, Single or Widowed	Occupation	Farmer			
Name of Wife or Husband	Mary Miller.				
Father's Name	John Miller.				
Mother's Maiden Name	Amelia Brooks				
Name of person giving information	James Miller				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever, labor, lumbosacral

How long

8 days.

Immediate

hemorrhage

How long

7 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

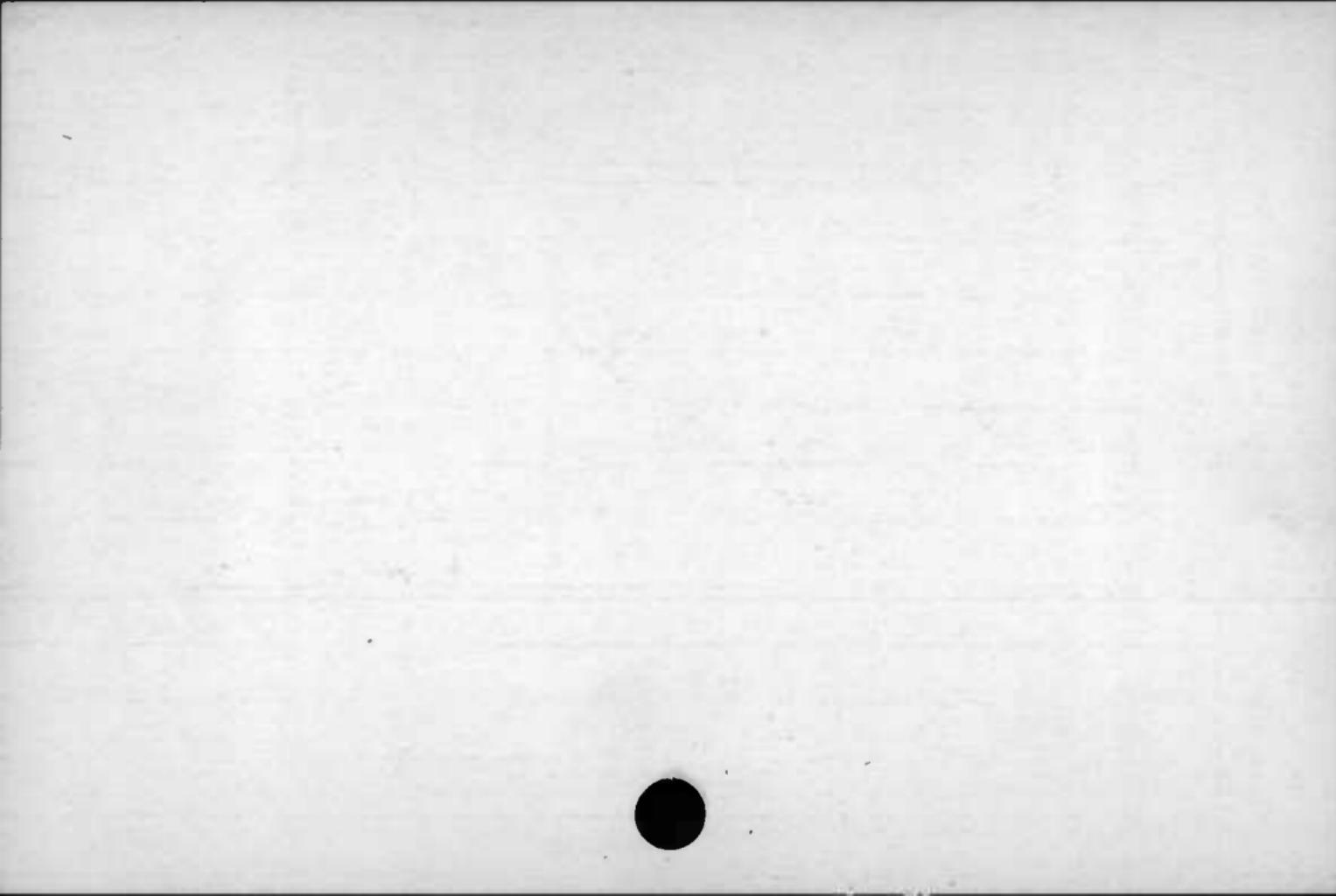
Address

A. J. Robinson

Granville

Ind.

Accident or Suicide?



Name
in
Full

Edward Frederic Lester

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place	Sumner Co. Pa.		
Married, Single or Widowed	Infant		Occupation	Infant		
Name of Wife or Husband	Infant					
Father's Name	Edward Lester		Father's Birthplace	Garrett Co.		
Mother's Maiden Name	Louisa Haupt		Mother's Birthplace	"		
Name of person giving information	John P. Miller		How related	Nephew		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Strangulated Hernia

Hour

Immediate

of Gangrene

How long

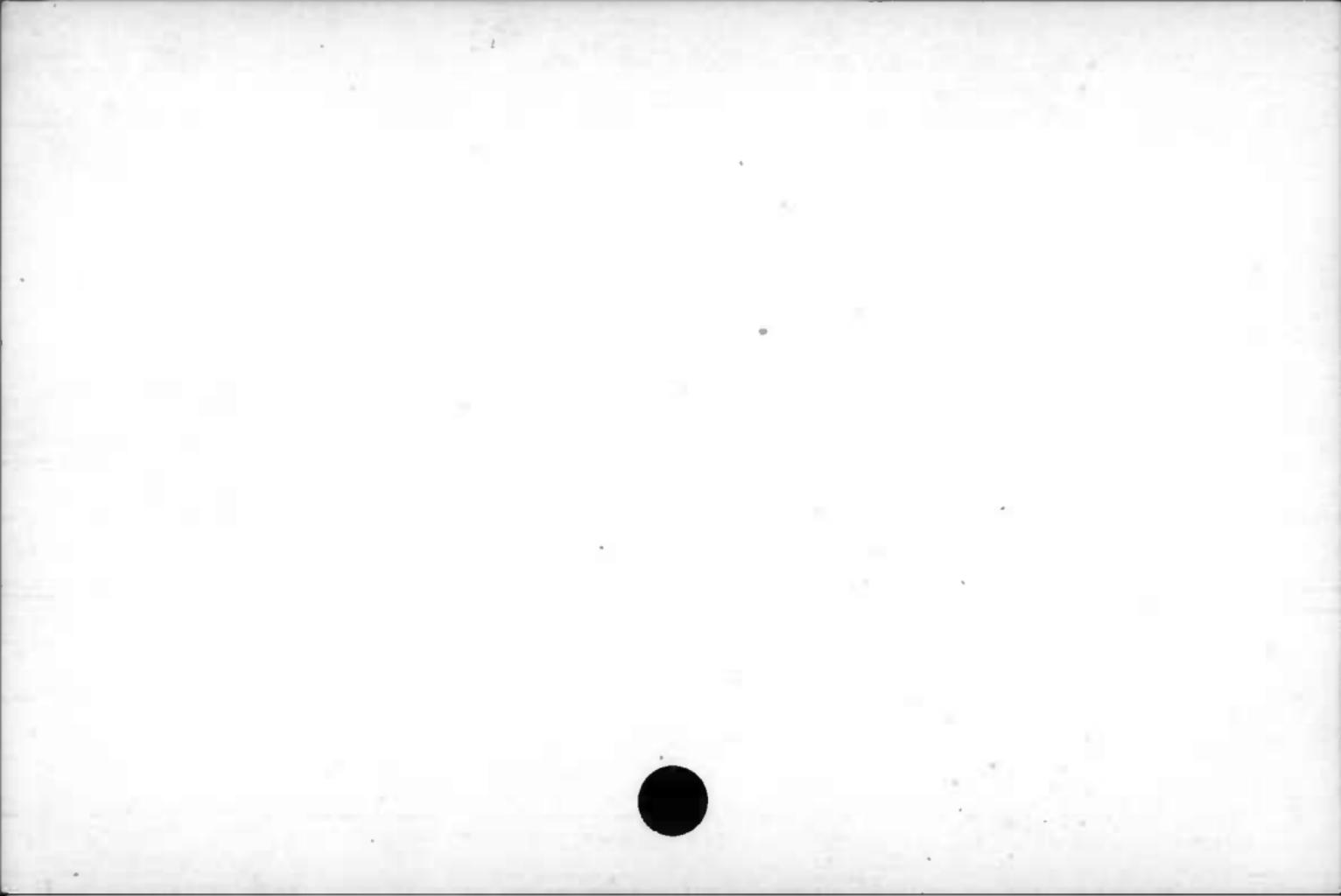
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H.P. (Doliver
Brillings
Md.)

Accident or Suicide?



Name
in
Full

Ward Cleutwic Patten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
7 Sept	5		No.	6	16	
Sex	Female	Color of Race	White	Birth-place	Baltimore	
Married, Single or Widowed	Dauphin		Occupation	Dauphin		
Name of Wife or Husband	<u>Charley Patten</u>					
Father's Name	<u>Charley Patten</u>			Father's Birthplace	Keyser Md	
Mother's Maiden Name	<u>Susan Anna</u>			Mother's Birthplace	Hardy Va.	
Name of person giving information	<u>Char Patten</u>			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drinking

105

How long

2 days

Immediate

Cholera Infection

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

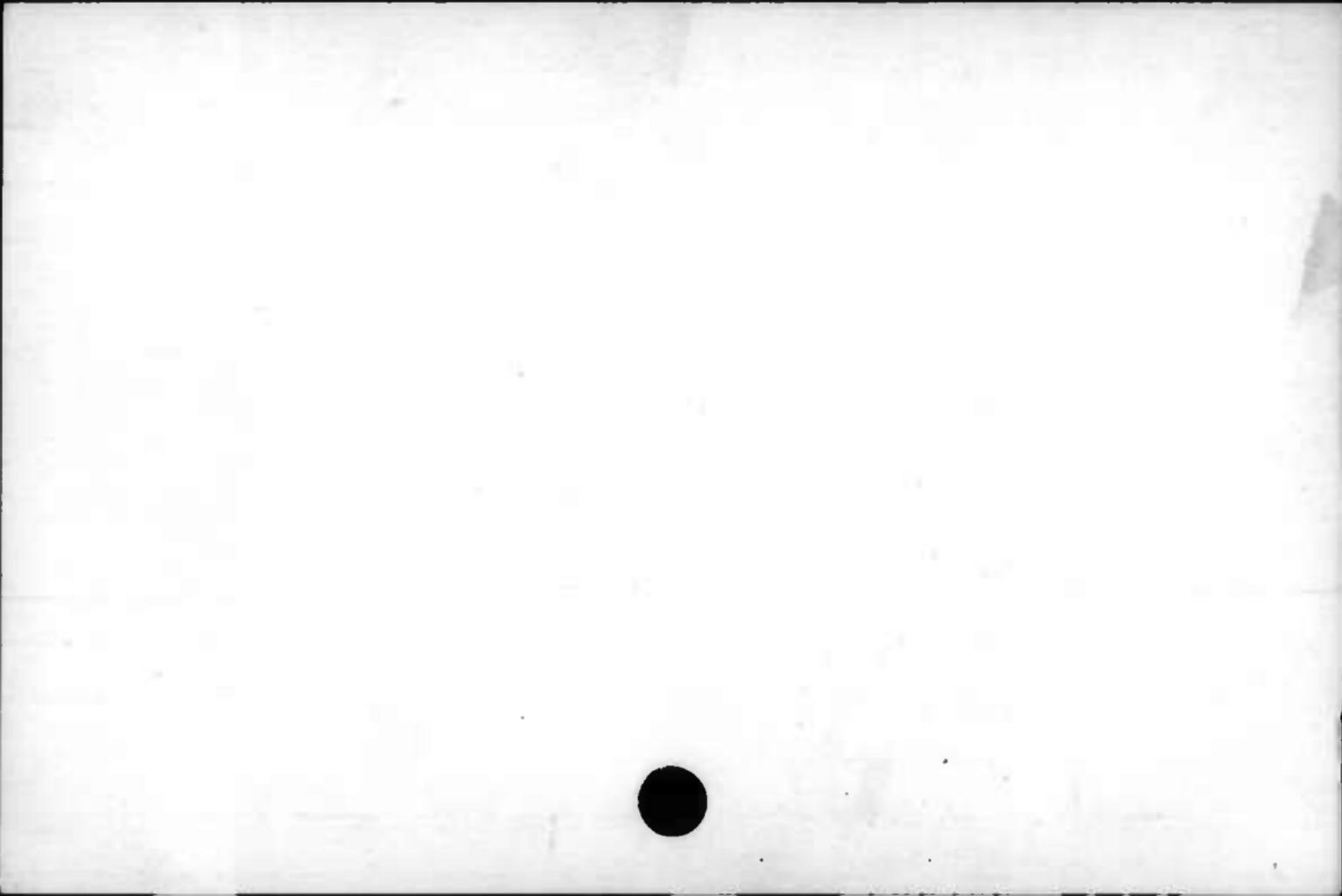
Address

H. J. Robinson

Granville

Accident or Suicide?

not



Name
in
Full

Nina M Riley

CERTIFICATE OF DEATH

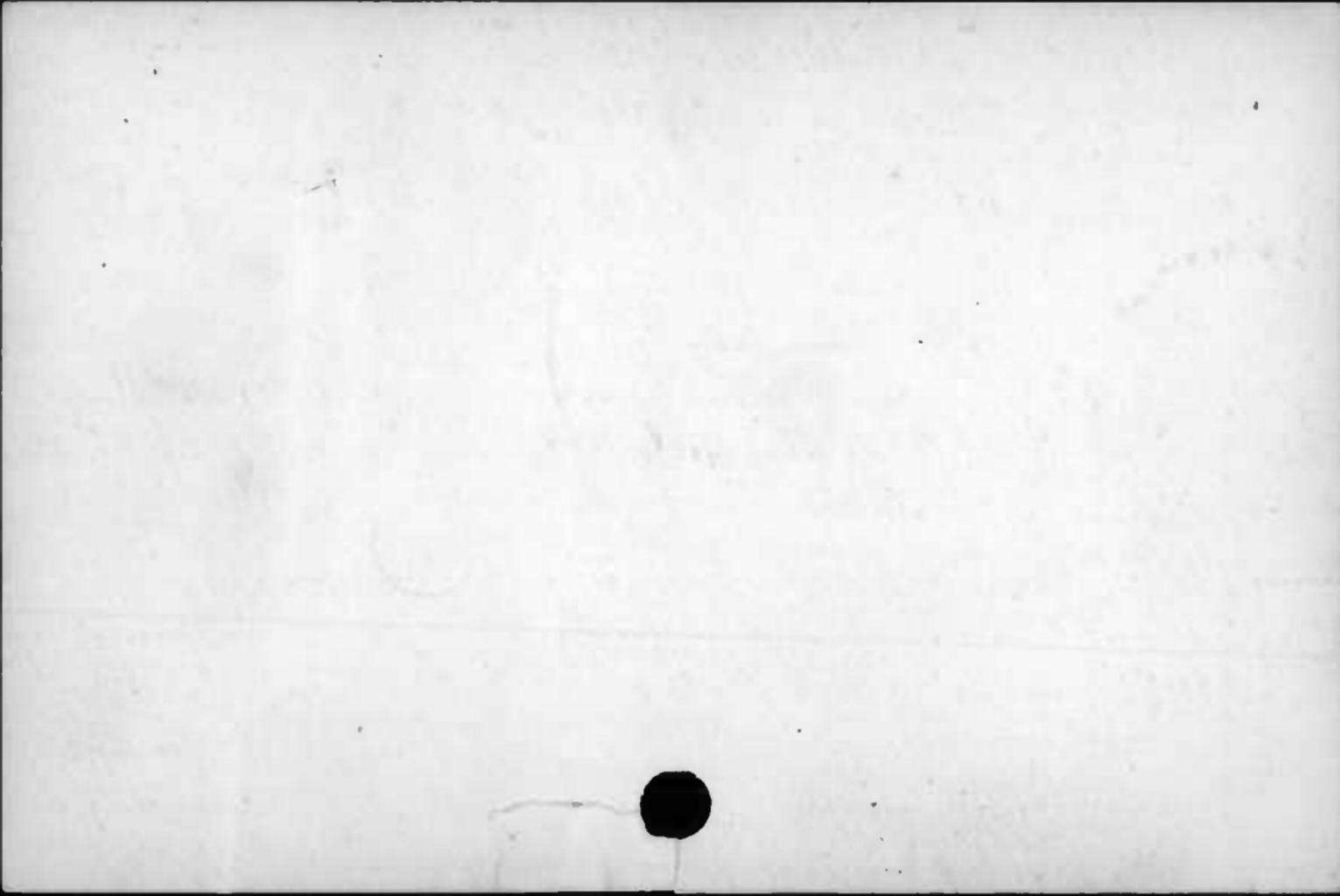
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Govtland</u>		County <u>Garrett</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>26</u>	Years <u>15</u>	Months	Days
Sex <u>White female</u>	Color or Race <u>White</u>	Birth-place <u>Garrett Co</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Dallas M Riley</u>	Father's Birthplace <u>Garrett Co</u>				
Mother's Maiden Name <u>Rachel Lawyer</u>	Mother's Birthplace <u>Garrett Co</u>				
Name of person giving information <u>Dallas Riley</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scarlet fever</u>	How long <u>4 weeks</u>
Immediate <u>Nephritis</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Barnard R Shartzer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Hoyes</u>	Town	County	MARYLAND			
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>24</u>	Years <u>—</u>	Months <u>4</u>	Days <u>4</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John H Shartzer</u>	Father's Birthplace <u>Mer</u>					
Mother's Maiden Name <u>Lillia B. Savage</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>John R Shartzer</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Indigestion

How long

Six weeks

Immediate

cholera infantum

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. R. Boyer, M.D.

accident

MD

Accident or Suicide?

Sang Kun

Name
in
Full

Virginia Sines

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Sept	Day 3	Years 30	Months 4	Days
Sex Female	Color or Race White	Birth-place Va			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband John. H. Sines				
Father's Name	Dant Kessas				
Mother's Maiden Name	Dant know				
Name of person giving information	John. H. Sines				

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary

Infected a vary

6 mo.

Immediate

Ovarian abscess

1 mo.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. R. Boyer, M.D.
Accident

Accident or Suicide?

Sang Kwan

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baby Trout

Town

Died at Cucin

County

Garrett

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month Sep Day 7 Age Years - Months 6 Days

Sex Female

Color or Race

white

Birth-place

Unknown

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jerry Trout

Father's
Birthplace

W.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Mosquitos

151

How long

Death Known

Immediate

Exhaustion

How long

Few days

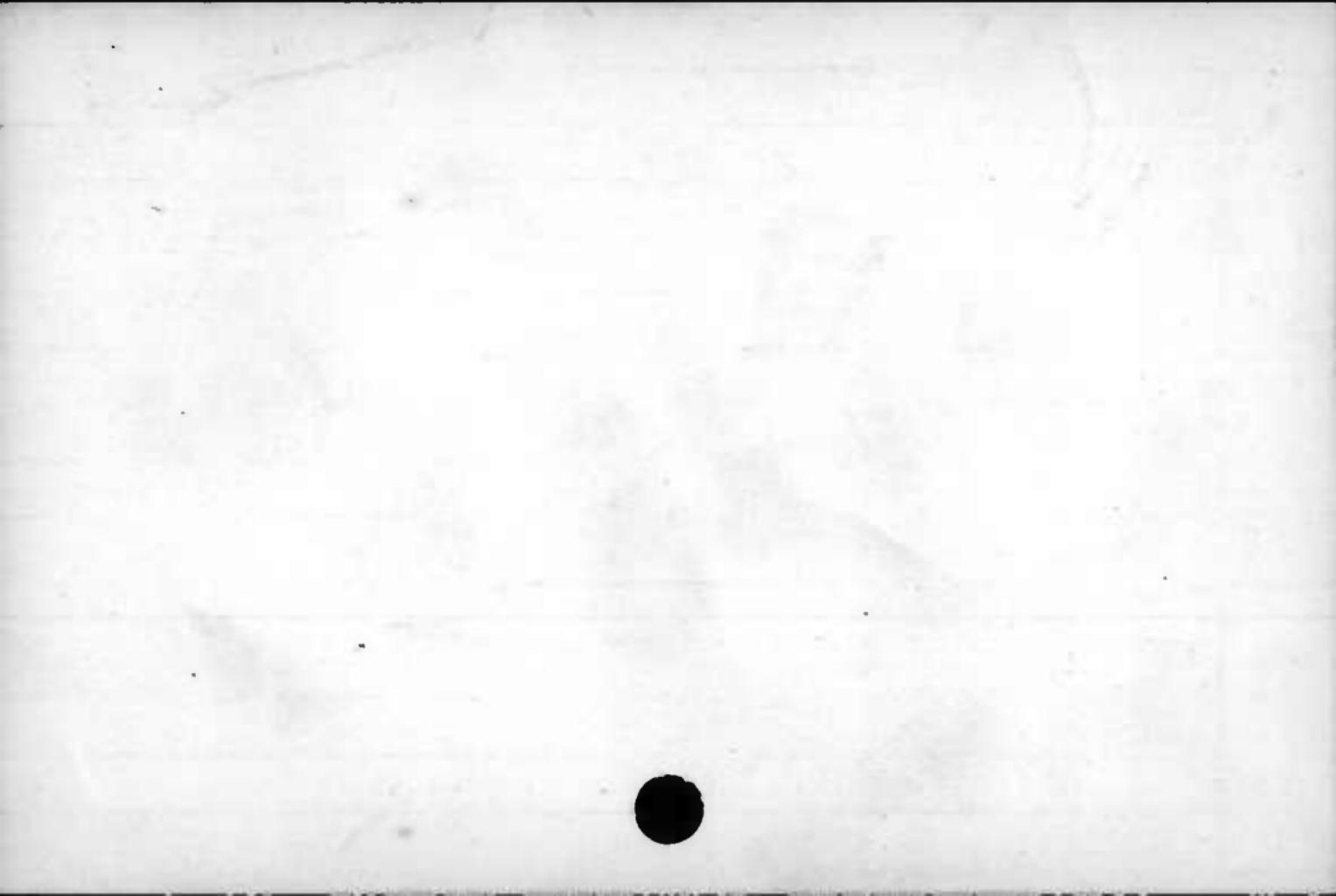
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. E. Eggers
Deceased
3rd

Accident or Suicide?



Name
in
Full

John W. Van Sickle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town white Rock	County Garrett	MARYLAND
Date of death 1907	Month Sept	Day 30	Years —
Sex Male	Color or Race White	Birth- place Maryland	Months 8
Occupation —	Where Residing if not at place of death —		Days —
Married, Single or Widowed Single	Name of Wife or Husband Van Sickle		
Father's Name George		Father's Birthplace Md.	
Mother's Maiden Name Pardilid Kelley		Mother's Birthplace Md.	
Name of person giving Information George Van Sickle		How related to deceased Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long —
Immediate 11	How long —

Are the name, age, sex, color, date
and place correctly given above?
Yes

Signature of
Physician

Address

Al. Mason Md.
Friendsville
Md.

Accident or Suicide? —

Blooming Rose